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United Nations Population Fund

Country programme document for Guinea-Bissau

Proposed indicative UNFPA assistance:	$11 million: $4.1 million from regular resources and $6.9 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2016-2020)
Cycle of assistance:	Sixth
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.8	5.0	5.8
Outcome 2	Adolescents and youth	1.0	0.7	1.7
Outcome 3	Gender equality and women's empowerment	0.8	0.2	1.0
Outcome 4	Population dynamics	1.0	1.0	2.0
Programme coordination and assistance		0.5	–	0.5
Total		4.1	6.9	11.0

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I. Situation analysis

1. Beginning in 1998, Guinea-Bissau endured a period of political instability, with a succession of military coups that lasted until 2012, which weakened its institutional capacity nationwide. Following presidential and legislative elections in 2014, the country has been experiencing positive recovery, leading to the development of the strategic and operational plan, 2015-2020, or *Terra Ranka*, presented at a donors round table held in Brussels on 25 March 2015. Guinea-Bissau ranks 177 out of 187 on the human development index; economic growth fell from 3 per cent in 2011 to 1.5 per cent in 2013. A 2010 assessment estimates that 69.3 per cent of the population is affected by poverty, with 33 per cent living in extreme poverty. Guinea-Bissau is exposed to climate change-related events, although the Government has yet to fully implement its official climate change response strategy.

2. The country's estimated population in 2014 was 1.5 million (52 per cent women, 32 per cent aged 1024 years). In 2011, the growth rate was 2.4 per cent and the total fertility rate was five children per woman. Maternal mortality remains high (560 deaths per 100,000 live births in 2013). Births attended by skilled health personnel remain low (45 per cent in 2014). The slow improvement of maternal, sexual and reproductive health is attributed to inadequate infrastructure, supplies and equipment; limited skilled human resources; lack of available reproductive health commodities; and limited access to comprehensive emergency obstetric and neonatal care services (only seven hospitals out of 11). This also explains the many obstetric fistula cases and lack of routine screening of cervical cancer, which is prevalent in women. The modern contraceptive prevalence rate remains low (14 per cent in 2014), with an unmet need of 22 per cent. Sociocultural barriers contribute to the low demand for modern contraceptive methods.

3. The HIV prevalence rate was 3.7 per cent for adults aged 15-49 years in 2013 (1.3 per cent among young people aged 15-24 years), with young women nearly twice as likely to be HIV positive as young men. The highest prevalence rates were for sex workers and pregnant women, at 8.9 per cent and 5.0 per cent, respectively.

4. Adolescent fertility is high (137 per 1,000 women), aggravated by limited access to youth-friendly reproductive health services. The 2010 poverty assessment shows that young people aged 15-24 years represent 61 per cent of the labour force, but only 10.6 per cent (4.6 per cent women) are employed. The Government is developing a national policy for youth, aiming to (a) integrate strategies addressing young people's employment needs; (b) stop the vicious circle of poverty and dependency trapping young people; and (c) generate baseline studies for appropriate policy planning that would result in harnessing the demographic dividend, for which young people constitute a great potential.

5. While female genital mutilation for women aged 15-49 years has fallen (from 49.8 per cent in 2010 to 44.9 per cent in 2014), it has increased for girls under age 14 (from 38.7 per cent in 2010 to 49.7 per cent in 2014). Child marriage and early sexual debut affect 37 per cent of girls under the age of 18 and 7 per cent of girls under 15. Women's participation in decision-making processes remains low; only 15 of 102 parliamentarians are women and only six of 31 ministerial positions are held by women. In response, the Government developed a national gender policy in 2014 and adopted laws on sexual and reproductive health; on the prohibition of female genital mutilation; and on domestic violence, together with a national policy on sexual and reproductive health.

6. The few recent disaggregated data from surveys and studies limits the availability of information necessary to develop evidence-based policies, particularly in the health sector. The Government approved a national statistics strategy in 2015 and aims to regulate and coordinate the production, analysis and dissemination of high-quality disaggregated data.

II. Past cooperation and lessons learned

7. Under the previous country programme, which was extended to 2015, UNFPA made relevant contributions in sexual and reproductive health. The programme contributed to strengthening legal and strategic frameworks and policies, and helped to reinforce the health-care system by building health-care provider capacity and by upgrading and equipping health facilities at central and regional levels. UNFPA provided training on emergency obstetric and neonatal care, family planning, and adolescent and youth sexual and reproductive health.

8. UNFPA efforts contributed to (a) increasing the number of centres offering comprehensive emergency obstetrical and neonatal care (from five to seven hospitals) and facilities offering the minimum package for obstetrical and neonatal care (from 75 per cent in 2008 to 95 per cent in 2014) in all regions; (b) strengthening the referral system (transportation, community health insurance, management of maternity waiting homes) in two regions; (c) initiating a community outreach programme for the provision of family planning services in two regions; (d) enhancing the provision of medical equipment, delivery and caesarean kits, including in humanitarian situations; and (e) providing free antenatal and delivery care. As a result, the accessibility of neonatal care has improved in all regions.

9. The local capacity for treatment of obstetric fistula has been enhanced, thereby increasing access to services. Six medical doctors were trained on obstetric fistula management and 193 women were treated during five obstetric fistula campaigns conducted between 2009 and 2014. During that same period, UNFPA, in collaboration with partners, supported the screening of 11,422 women for cervical cancer and surgery for cancer cases. Such screening revealed a 2.57 per cent prevalence rate of cervical cancer cases among the women screened. However, the human papillomavirus vaccine is not yet available for adolescent girls.

10. UNFPA achieved important results in raising family planning awareness, ensuring assisted deliveries, and engaging men in reproductive health, with the establishment of men's clubs in two regions. The programme helped to expand the availability of youth-friendly services to eight of the 11 regions. UNFPA supported the updating and implementation of a peer education strategy to foster better knowledge of sexual and reproductive health issues, including the prevention of sexually transmitted infections and HIV.

11. In gender equality, UNFPA, jointly with the United Nations Children's Fund, rolled out an integrated approach to stop female genital mutilation that led to 160 communities in three regions declaring the abandonment of the practice. UNFPA contributed to the development of specific gender-based violence treatment protocols in three of the 11 regions, as well as to raising awareness to end child marriage throughout the country.

12. UNFPA supported the successful conduct of a population and housing census in 2009; this provided data for thematic analyses and for a national database. UNFPA participated in the development of a contingency plan by the Government and the United Nations for the prevention of humanitarian crises.

13. Key lessons learned from the previous country programme indicate that (a) male-involvement is important in increasing the use of modern contraceptives; (b) free health-care services help to increase the use of services; and (c) joint programming, with an integrated approach (literacy, capacity-building on health and human rights and microcredit), is an effective entry point for fighting female genital mutilation.

III. Proposed programme

14. The proposed sixth country programme (2016-2020) responds to the national strategic and operational plan, 2015–2020, *Terra Ranka*, and contributes to three outcomes of the United Nations Partnership Framework, 2016-2020. Building on the gains achieved during the previous programme, it will use a human rights-based and equity-focused approach, and will have national coverage.

A. Outcome 1: Sexual and reproductive health

15. Output 1: Increased capacity of health facilities to deliver high-quality integrated sexual and reproductive health services (including maternal health, family planning and HIV prevention) for women, adolescent and youth, including in humanitarian settings. UNFPA will support (a) developing skills in emergency neonatal and obstetrical care services by training midwives, doctors and nurses; (b) strengthening midwifery and the referral system, through the provision of ambulances, expanded community health financing mechanisms, improved maternity waiting homes and support to the national midwifery school, to increase the number of midwives in the country; (c) updating the minimum service package to include treatment of obstetric fistula, blood transfusion, cervical cancer screening, combatting sexually transmitted infections and HIV testing and counselling; (d) enhancing access to sexual and reproductive health services by strengthening the community outreach programme by institutionalizing the provision of integrated sexual and reproductive health services, including family planning; (e) scaling up existing health and multifunctional centres for young people providing reproductive health, family planning, treatment for sexually transmitted infections and HIV prevention-counselling services for youth, and working with the Government on a fee-exemption policy to ensure universal access to maternal health and neonatal services, with a sustainability strategy involving government ownership; and (f) supporting the institutionalization of maternal deaths surveillance and response.

16. Output 2: Increased capacity of the Ministry of Public Health to deliver high-quality comprehensive family planning and HIV-prevention services for women, adolescent, youth and key populations in all 11 regions, including in humanitarian settings. UNFPA will support (a) community-based interventions, including behaviour change communication and advocacy for male involvement in family planning; (b) capacity-building for contraception technology and logistics management; (c) scaling up of community-level distribution through mobile clinics; (d) comprehensive condom programming and treatment for sexually transmitted infections and HIV prevention for women, adolescent girls and key populations, in particular for pregnant women and sex workers, through integrated sexual and reproductive health and HIV-prevention services; and (e) strengthening capacities of health facilities at the national level for the implementation of the Minimum Initial Service Package for reproductive health crisis situations.

B. Outcome 2: Adolescents and youth

17. Output 1: Increased capacity of the Ministry of Women, Family and Social Cohesion, the Secretariat of State for Youth, Culture and Sports, and the Ministry of National Education to design and implement comprehensive policies addressing child and forced marriages, and adolescent and youth sexuality education in formal and non-formal settings. UNFPA will support (a) provision of life-skills training and comprehensive sexuality education for school teachers; (b) reinforcing youth platforms on awareness raising and advocacy; (c) strengthening the capacity and awareness of adolescent girls and boys on sexual and reproductive health and rights, including family planning, child and forced marriages, female genital mutilation, teenage pregnancy and HIV prevention; and (d) finalization and implementation of the national youth policy.

C. Outcome 3: Gender equality and women's empowerment

18. Output 1: Increased capacity of the Ministry of Women, Family and Social Cohesion to implement necessary actions for preventing and responding to gender-based violence and harmful practices, and to promote gender equality and non-discrimination against women. UNFPA provide support in (a) increasing awareness and engagement of men to eradicate female genital mutilation targeting girls; (b) preventing and responding to gender-based violence and harmful practices, through men's clubs, networks of former female genital mutilation practitioners, and religious and traditional leaders; (c) providing technical support for the implementation of the national gender policy, including the preparation of its plan of action; (d) strengthening the capacity of health facilities, in partnership with civil society, to assist gender-based violence survivors and to provide needed treatment, using appropriate protocols specifically developed for the regions; and (e) providing technical assistance, together with other United Nations organizations, helping the Ministry of Women, Family and Social Cohesion to prepare and disseminate a national policy to eliminate child marriage.

D. Outcome 4: Population dynamics

19. Output 1: Increased capacity of the National Statistics Institute to lead and coordinate the increased production and dissemination of high-quality disaggregated data on reproductive health, population and development, climate change, and gender issues, and on their interlinkages, for evidence-based policy planning. UNFPA will advocate and provide technical support for the implementation of the national statistics strategy. UNFPA will also support (a) institutionalization of health data collection; (b) organization of a national population and housing census in 2019; demographic and health survey in 2020; collection of information on vital statistics; (c) capacity-building of key sectoral ministries and departments in data collection, analysis and use for result-based management and monitoring; and (d) execution of relevant studies for the development of appropriate policies for harnessing the demographic dividend.

IV. Programme management, monitoring and evaluation

20. The Ministry of Economy and Finance will provide overall coordination, with the participation of line ministries. The Government and UNFPA will implement the programme in collaboration with United Nations organizations and non-governmental organizations. UNFPA will develop a monitoring and evaluation plan, guided by results-based management principles and the United Nations partnership framework monitoring and evaluation mechanism.

21. National execution continues to be the preferred implementation arrangement but direct execution will be considered, when appropriate. UNFPA will assess and select implementing partners based on their ability to deliver high-quality programmes, and will perform appropriate risk analysis in line with the harmonized approach to cash transfers.

22. The country office in Guinea-Bissau includes basic management and operations functions. UNFPA will develop a human resources plan to align the office staffing with programme priorities, as well as design and implement a partnership plan (including South-South cooperation) and a resource mobilization plan. In the event of an emergency, UNFPA will, in consultation with the Government, reprogramme activities to respond to emerging issues as they fall within the UNFPA mandate.

RESULTS AND RESOURCES FRAMEWORK FOR GUINEA BISSAU (2016-2020)

National priority: Promoting and strengthening the development of human resources **UNDAF outcome:** All citizens, particularly those marginalized and vulnerable, have equal and sustainable access to and use of quality health services, nutrition, HIV and AIDS services, clean water, sanitation, hygiene, education and protection				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partners**	**Indicative resources**
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): • Percentage of live births attended by skilled health personnel *Baseline: 45%; Target:65%* • Contraception prevalence rate (total) *Baseline: 14; Target: 20* • Percentage of women and men aged 15 to 49 years who had more than one partner in the last 12 months who reported using a condom during last sexual intercourse (female/male) *Baseline: 28; Target: 40*	Output 1: Increased capacity of health facilities to deliver high-quality integrated sexual and reproductive health services (including maternal health, family planning and HIV prevention) for women, adolescent and youth, including in humanitarian settings	• Unmet need for midwives *Baseline: 79%; Target: 40%* • Number of health facilities offering comprehensive emergency obstetric and neonatal care *Baseline:7; Target: 11* • Number of regional maternal death surveillance and response teams *Baseline: 0; Target: 11*	Ministry of Public Health; Secretariat of State for Youth, Culture and Sports; non-governmental and community-based organizations; United Nations organizations; development partners	$5.8 million ($0.8 million from regular resources and $5.0 million from other resources)
	Output 2: Increased capacity of the Ministry of Public Health to deliver quality comprehensive family planning and HIV-prevention services for women, adolescent, youth and key populations in all 11 regions, including in humanitarian settings	• Number of additional users of modern contraceptives *Baseline: 1,100; Target: 10,000* • Health facilities with stock-outs for modern contraceptives *Baseline: 50%; Target: 10%* • Number of sex worker-led organizations benefiting from programmes addressing HIV prevention and their sexual and reproductive health needs *Baseline: 3; Target: 5*		
National priority: Promoting and strengthening the development of human resources **UNDAF outcome:** All citizens, particularly those marginalized and vulnerable, have equal and sustainable access to and use of quality health services, nutrition, HIV and AIDS services, clean water, sanitation, hygiene, education and protection				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator(s): • Percentage of in-school and out-of-school youth aged 15 to 24 years who can identify ways of preventing sexually transmitted diseases, HIV and pregnancies *Baseline: 16%; Target: 50%*	Output 1: Increased capacity of the Ministry of Women, Family and Social Cohesion, the Secretariat of State for Youth, Culture and Sports, and the Ministry of National Education to design and implement comprehensive policies addressing child and forced marriages, and adolescent and youth sexuality education in formal and non-formal settings	• A national comprehensive sexuality education curricula is developed, aligned with international standards, and implemented *Baseline: No; Target: Yes* • Number of youth and civil society platforms with capacity to raise awareness and advocate for measures addressing child and forced marriages, teenage pregnancy, and sexuality issues *Baseline: 1; Target: 3*	Ministries of National Education; Women, Family and Social Cohesion; Secretariat of State for Youth, Culture and Sports, United Nations organizations; South-South cooperation partners	$1.7 million ($1.0 million from regular resources and $0.7 million from other resources)

National priority: Consolidation of the rule of law, promoting good governance and reform of state institutions **UNDAF outcome:** The governance and security system institutions ensure the application of the rule of law, protection of human rights, participation and fair access of the population to quality public services				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator(s): Gender equality national action plan integrates reproductive rights with specific targets and national public budget allocations *Baseline: 0; Target: 1*	Output 1: Strengthened capacity of national institutions on policy development and implementation to promote gender equality and prevent harmful practices	• Number of men clubs with capacity to conduct community sensitization on gender equality, gender-based violence, child marriage, teenage pregnancy and HIV prevention *Baseline: 2; Target: 11* • Number of regions with gender-based violence treatment protocols implemented *Baseline: 3; Target: 11* Number of communities which made a declaration on the abandonment of female genital mutilation *Baseline: 160; Target: 250*	Ministries of Family, Women and Social Cohesion; Economy and Finance; United Nations Integrated Office in Guinea-Bissau; civil society; United Nations organizations	$1.0 million ($0.8 million from regular resources and $0.2 million from other resources)
National priority: Promoting economic growth and poverty reduction. **UNDAF outcome:** Economic growth is inclusive and sustainable to promote the reduction of poverty, decent employment, food security, and structural transformation of the economy.				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • The country has collected, analysed and disseminated a national household survey that allows for the estimation of reproductive health indicators (in the last five years) *Baseline: 0; Target: 1* • The country has conducted in 2019 a population and housing census according to international standards *Baseline: No; Target: Yes* • A strategic policy document on using the demographic dividend analysis as evidence for national policy planning is implemented *Baseline: 0; Target: 1*	Output 1: Increased capacity of the National Statistics Institute to lead and coordinate the increased production and dissemination of high-quality disaggregated data on reproductive health, population and development, climate change and gender issues, as well as on their interlinkages, for evidence-based policy planning	• Number of National Institute of Statistics staff trained to collect, analyse and use population and development-related data *Baseline: 1; Target: 5* • Existence of a sex and geographic-disaggregated database on reproductive health, population and development, climate change, gender issues, and on their interlinkages *Baseline: No; Target: Yes* • Number of studies conducted for the development of appropriate policies for harnessing the demographic dividend *Baseline: 0:Target:5*	National Statistics Institute; Secretariat of State for Planning; United Nations organizations	$2.0 million ($1.0 million from regular resources and $1.0 million from other resources) Total for programme coordination and assistance: $0.5 million from regular resources